IN THE SPECIFICATION:

Applicant, pursuant to 37 C.F.R. § 1.121, submits the following amendments to the Specification:

Please *substitute* the following paragraph in place of the corresponding paragraph on page 13 of the originally filed application:

--Figure 5 shows the "End Implementation" of a preferred embodiment of the present invention. ~~When the possible diagnoses are ranked, according to relative likelihood, by the inventive process, the user can optionally read more information on those diagnoses, leading the user to additional windows where they can learn about cures, treatments, drugs, home remedies, exercises, therapies, and other related information. The user can also optionally access related health services, health insurance, physicians directory, appointments with specialists, and other related services. Other optional features include, *e.g.*, printing a coupon for a non-prescription drug for a local pharmacy, directions to that pharmacy and interaction with an insurance plan's physician directly over a secure connection, allowing the physician to prescribe to the user online.~~--

Please *substitute* the following paragraph in place of the corresponding paragraph beginning at the bottom of page 13 of the originally filed application:

--Figure 8 shows how ~~personal attributes~~ user profile and user response rankings are set according to the present invention using an editing window. This figure illustrates aspects of applicant's novel approach in emulating a true "virtual doctor" experience. ~~For example, the user may optionally establish personal attributes to the responses the system accepts. A user may want to respond to a query with a "maybe." However, one user's definition of "maybe" may be different from another's. Similarly, fine tuning the user response rankings is another innovative option, makes the online physician emulator more accurate. This figure shows the process by which a user introduces "fuzziness" into the inventive system by selecting a graded response ranking between 0.1 and 9.9, and thereby increasing the accuracy of the inventive system. Accuracy is increased because the inventive program uses the User Responses Rankings as "modifiers" (and simple as activators) of the primary bias values.~~

Please *substitute* the following paragraph in place of the corresponding paragraph on page 15 of the originally filed application:

--Figure 16 shows a sample user interview, prompting the user for responses to ~~the~~ queries, as shown on a web page.--

Please *substitute* the following paragraph in place of the corresponding paragraph on page 15 of the originally filed application:

--Figure 18 shows the main expert editing screen, used for editing ~~what~~ expert data, according to the present invention.--

Please *substitute* the following paragraph in place of the corresponding paragraph on page 17 of the originally filed application:

--Basically, the system prompts the user through a series of screens. In the preferred embodiment, the first screen includes a picture of a body (human or animal). The user clicks on the part of the body that is exhibiting the problematic symptoms or that represents the user's primary complaint. In another ~~anther~~ embodiment, the user may also input the symptoms or primary complaint directly into the system. In yet another embodiment, the user may select to enter the system by choosing a corresponding specialty or area that reflects the user's ~~users~~ symptoms or primary complaint. One or more screens are then presented asking the user queries relating to the symptoms or primary complaint. The user enters responses that are evaluated by the system. Each query corresponds to a set of possible alternative diagnoses, the possibility set. Each diagnosis has a possibility factor for a given query called a *primary bias value*, that is provided by a human expert (*e.g.*, a medical expert such as a physician). The bias value reflects the expert's conception of the relative degree of predictive value of the query for the particular alternative diagnosis relative to other alternatives in the possibility set. The system evaluates the user responses to provide a set of *secondary bias values*, and ranks the alternatives in the possibility set, based on secondary bias values, to provide a decision comprising the ranked set of alternatives.--

Please *substitute* the following paragraph in place of the corresponding paragraph on page 21 of the originally filed application:

--In either the ~~either~~ 2-D or 3-D ELICIT^{TM} embodiments, queries from various medical areas may be displayed to the user. For example, queries pertaining to orthopedics, and queries pertaining to cardiology may be displayed to the user in succession.--

Please *substitute* the following paragraph in place of the corresponding paragraph on page 23 of the originally filed application:

-- Figure 8 shows how ~~personal attributes~~ User profiles and user response rankings (*i.e.*, graded user response values) are set according to the present invention using an editing window. This figure illustrates aspects of applicant's novel approach in emulating a true "virtual doctor" experience. For example, the user may optionally establish a user profile ~~personal attributes~~ to the responses the system accepts. A user may want to respond to a query with a "maybe." However, one user's definition of "maybe" may be different from another's. Similarly, fine tuning the user response rankings is another innovative option, makes the online physician emulator more accurate. This figure shows the process by which a user introduces "fuzziness" into the inventive system by selecting a graded response ranking between 0.1 and 9.9, and thereby increasing the accuracy of the inventive system. Accuracy is increased because the inventive program uses the User Responses Rankings as "modifiers" (and not simply ~~simple~~ as activators) of the primary bias values.--

Please *substitute* the following two consecutive paragraphs in place of the corresponding paragraphs on page 24 of the originally filed application:

In addition to the elements described above, the server further comprises an operating system and communication software allowing the server to communicate with other computers. Various operating systems and communication software may be employed. For example, the operating system may be MICROSOFT WINDOWS NT^{TM} ~~Microsoft Windows NT^{TM}~~, and the communication software MICROSOFT IIS^{TM} ~~Microsoft IIS^{TM}~~ (Internet Information Server) server with associated programs.

The databases on the server contain the information necessary to make the apparatus and process work. The expert-generated primary bias data base, queries (query data) data base, and alternatives possibilities (possibility data, *e.g.*, diagnoses) database are relatable such that the primary bias data base contains expert-derived values that are uniquely associated with particular alternative possibilities (in the possibility data base), and reflect the expert's conception of the relative degree of predictive value of a particular query (in the query data base) for a particular alternative possibility relative to other alternatives in the possibility set. The databases are assembled and accessed using any commercially available database software, such as MICROSOFT ACCESS™, ORACLE™, MICROSOFT SQL™ ~~Microsoft Access™, Oracle™, Microsoft SQL™~~ Version 6.5, etc.--